Division of Disability & Rehabilitative Services

Phase I: OASIS System Transformation

December 17, 2008

Presenters

***Walk through the Waiver Process*:**

- **Adrienne Shields**, DDRS Deputy Director
- **Andrew Ranck**, Director of DDRS Initiatives
- **Kellie Calita**, BDDS Director of Client Services
- **Rich Metzger**, IPMG
- **Becky Selig**, BQIS Director

OASIS Resources

OASIS-ICAP Help Lines

- **E-mail:** OASIS-ICAPHelp@fssa.IN.gov
- **Phone: 317-234-5222**
- **Toll Free Indiana: 1-888-527-0008**

Interactive Budget Tool

- https://ddrsprovider.fssa.in.gov/BDDS/Utilities/CustomerBudgetList.aspx

OASIS

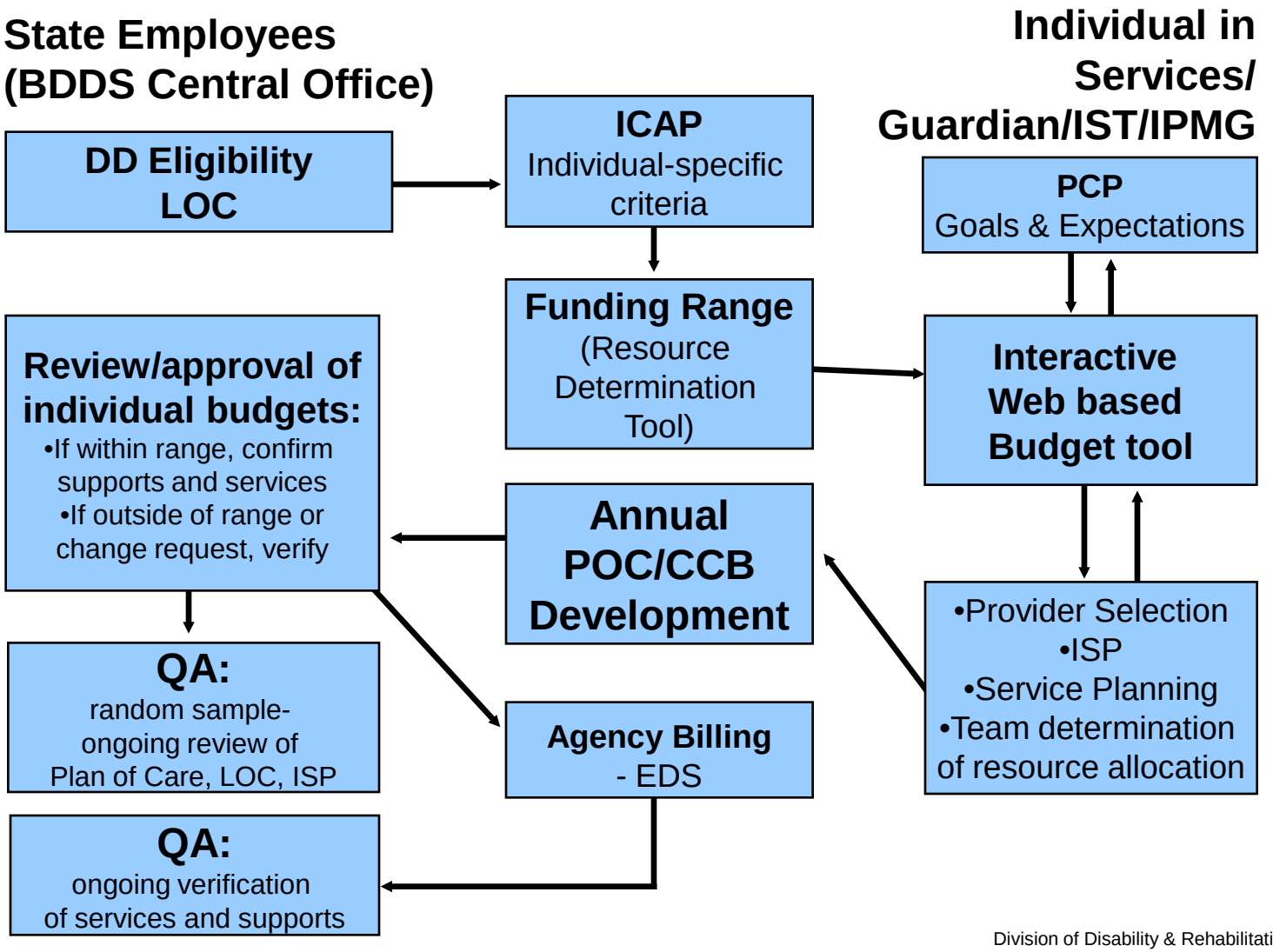
Objective Assessment System for Individual Supports

History

GOAL OF OASIS

To create a uniform funding model to determine fair and equitable levels of State support based on an Objective Assessment and driven by Person Centered Planning (PCP) and Individualized Support Plan (ISP).

OASIS Process



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Objective Assessment System for Individual Supports

Bureau of Developmental Disabilities Services, Level of Care & Eligibility Determination

BDDS: Future Roles and Responsibilities

Continue with:

- **Intakes**
- **DD Eligibility**
- **Initial LOC**
- **Service Monitoring and Placement Authority**
- **Provider Relations**
  - Technical assistance
  - Conflict Resolution
  - Building relationships with provider networks and community resources
  - Building collaborative relationships with IPMG and Liberty

Future Changes:

- **Review requested budget changes**
  - Individuals on annual plan
  - RHS provider changes
  - Crisis or Outreach involvement
  - Life Changing and Qualifying Events
- **Provider Relations**
  - **Conflict Resolution** Work closely with each individual and their team to ensure service needs are achieved

OASIS

Objective Assessment System for Individual Supports

ICAP Assessment and Addendum Questions

The ICAP Assessment

- Arbitre is under contract with DDRS to complete the ICAP's and Addendum questions
- The ICAP is an adaptive behavior assessment, also referred to as a "functional assessment"
- The ICAP is not a "historical document" it is a "point in time" measurement of a consumer's skills and behaviors
- Arbitre Consulting interviews 3 identified respondents for every ICAP
- Each assessment follows a uniform procedure to ensure consistent data for every consumer in their respective setting
- ICAP and/or Addendum assessments will be completed at least twice for consumers already in service for continuity.
- An ICAP and/or Addendum assessment may be repeated when life changing events occur

The ICAP Assessment *(continued)*

Respondents will be contacted by IPMG & Arbitre when they have been identified as a respondent

A respondent is…

1. Someone who sees and/or works with the consumer on a regular basis (3-5 times per week)
2. Respondents should be selected from all areas of the consumers life (home, work/school, direct care staff)
3. A respondent's experience with the consumer is the only requirement for an ICAP interview
4. An ICAP interview is 20 – 30 minutes long

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Objective Assessment System for Individual Supports

Allocation and Best Practice

OASIS Allocation Factors

MEASURE	Impact to Allocation Highest to Lowest
Consumer Age	1
Number of Roommates	2
Living with Family	3
Behavior & Health Intensity & Frequency	4
ICAP General Maladaptive	5
ICAP Broad Independence	6
Diagnoses (Visual Impairment)	7
Family Support Need	8

Allocation Information

- Allocations will be available to the Team, prior to the Team Meeting
- Allocations will be created as a single dollar amount
- Allocations will be valid for the waiver year, unless there is a life changing event
  - Unused amounts do not carry over to the next year
- Usual & Typical and Interactive Budget Tool Instructions will also be provided with the allocation

Life Changing Events

Life Changing Event

- Death, institutionalization or long-term incapacitation of a primary caregiver
- Primary caregiver is aged 80 or older
- Transition from Crisis Management Services and unable to return to original setting
- A young adult who is currently on the waiver is terminating their secondary education

Allocation Results

- **4 levels of results that will give an annual allocation:**
  - Regular
  - Moderate
  - High
  - Intense

Adults Ages 19 to 24 Living with One Roommate

"Usual and Typical"

Level	RHS	Day Services	B-Man
Regular	802	122	24
Moderate	1147	147	48
High	1955	216	72
Intense	3793	352	72

Best Practice Comparative Data with BDDS District 4

Type of Medicaid Waiver	Best Practice Group	BDDS District 4 Consumers	B.P. % of BDDS District 4
Developmental Disabilities Waiver Consumers	68	557	12.2%
Support Services Waivers Consumers	26	302	8.6%
Autism Waiver Consumers	2	42	4.8%
TOTAL IPMG Plans	**96**	**901**	**10.7%**

A total of 7 Best Practice consumers have an Autism diagnosis.

Best Practice Comparative Data

1. The demographic characteristics of Best Practice consumers are similar to general BDDS District 4 consumers
2. Best Practice and general District 4 consumers have similar ICAP scores
3. Best Practice consumers use less behavioral management services
4. Best Practice consumers use more RHS, Respite, and CHIO; and less Facility Group services
5. Slightly more Best Practice consumers live with their families (31% versus 27%)

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Objective Assessment System for Individual Supports

Interactive Budget Tool (IBT)

Allocation Information

- This tool has been created as an estimation tool for all team members
- The I.B.T. is available at the DDRS website: https://ddrsprovider.fssa.in.gov/BDDS/Utilities/CustomerBudgetList.aspx
- A small group has met and is working to improve this tool. Updates will be released as completed
- A link to the site and instructions will be sent with the allocation information

IBT – Creating a Budget

BDDS Links

Provider Info
Interactive Budget Tool
IFUR Tool

Login

Contact Info | DD Waiver

Total Monthly Amount: $0.00 **Annual Amount:** $0.00 **Amount Remaining:** $85,000.00
Allotment Amount: $85,000.00

✖ = To clear out unit requested per month.

Services	Consumers : Staff		Units Requested Per Month	Rate	Units	Extended
Group: Adult Day Services (* Not Day Habilitation or Residential Habilitation)						
Adult Day Service - Level 1 *			✖	$21.95	4 HOUR	$0.00
Adult Day Service - Level 2 *			✖	$28.80	4 HOUR	$0.00
Adult Day Service - Level 3 *			✖	$34.29	4 HOUR	$0.00
Adult Day Srvc 1/4 Hr - Level 1 *		Calculate	✖	$1.38	1/4 HOUR	$0.00
Adult Day Srvc 1/4 hr - Level 2 *		Calculate	✖	$1.80	1/4 HOUR	$0.00
Adult Day Srvc 1/4 Hr - Level 3 *		Calculate	✖	$2.14	1/4 HOUR	$0.00
Group: Adult Foster Care (* Not Day Habilitation or Residential Habilitation)						
Adult Foster Care - Lvl 1- Day *			✖	$51.87	8 HOUR	$0.00
Adult Foster Care - Lvl 2 -Day *			✖	$75.67	8 HOUR	$0.00
Adult Foster Care - Lvl 3- Day *			✖	$102.87	8 HOUR	$0.00
Group: Behavioral Supports						
Behavior Management		Calculate	✖	$18.20	1/4 HOUR	$0.00
Group: Day Habilitation						
Community Hab-Group (2:1)	2:1	Calculate	✖	$13.03	1 HOUR	$0.00
Community Hab-Group (3:1)	3:1	Calculate	✖	$8.69	1 HOUR	$0.00
Community Hab-Group (4:1)	4:1	Calculate	✖	$6.52	1 HOUR	$0.00
Community Habilitation - Individual	1:1	Calculate	✖	$25.00	1 HOUR	$0.00
Facility Hab-Group (2:1)	2:1	Calculate	✖	$14.76	1 HOUR	$0.00
Facility Hab-Group (4:1)	4:1	Calculate	✖	$7.38	1 HOUR	$0.00
Facility Hab-Group (6:1)	6:1	Calculate	✖	$4.92	1 HOUR	$0.00
Facility Hab-Group (8:1)	8:1	Calculate	✖	$3.69	1 HOUR	$0.00
Facility Habilitation - Individual	1:1	Calculate	✖	$23.48	1 HOUR	$0.00
Pre Vocational (08:1)	8:1	Calculate	✖	$6.00	1 HOUR	$0.00
Pre Vocational (10:1)	10:1	Calculate	✖	$4.80	1 HOUR	$0.00

The rates currently shown are subject to change.

This tool is to be used for planning purposes only. Completion of a budget using this tool does not indicate approval of desired services or budget amount. An IPMG case manager will be responsible for submitting a final budget to DDRS for review after a consumer's team has met.

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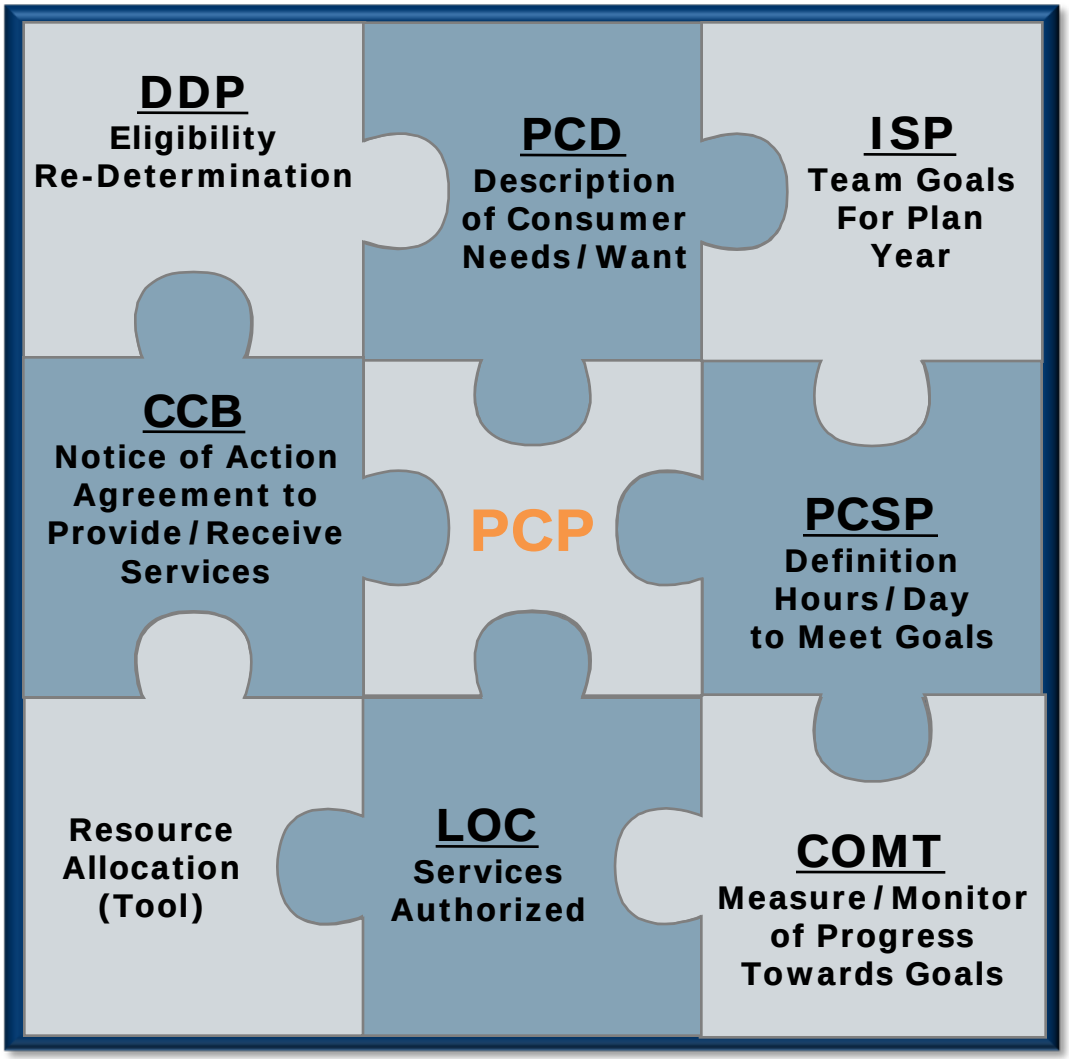
Objective Assessment System for Individual Supports

ipmg

Team Meetings and Completion of the Service Planner

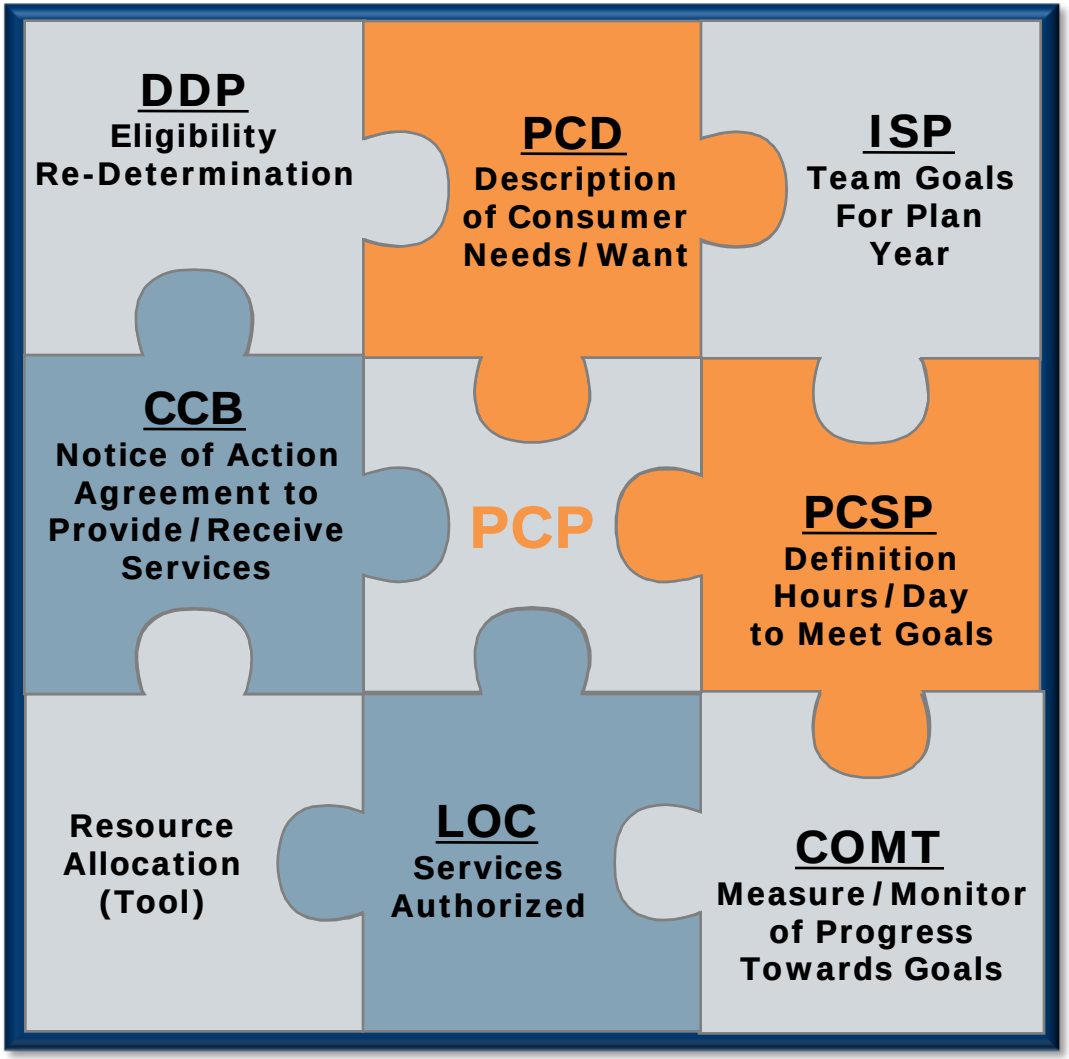
Waiver Participation & Services

How the Pieces Fit Together



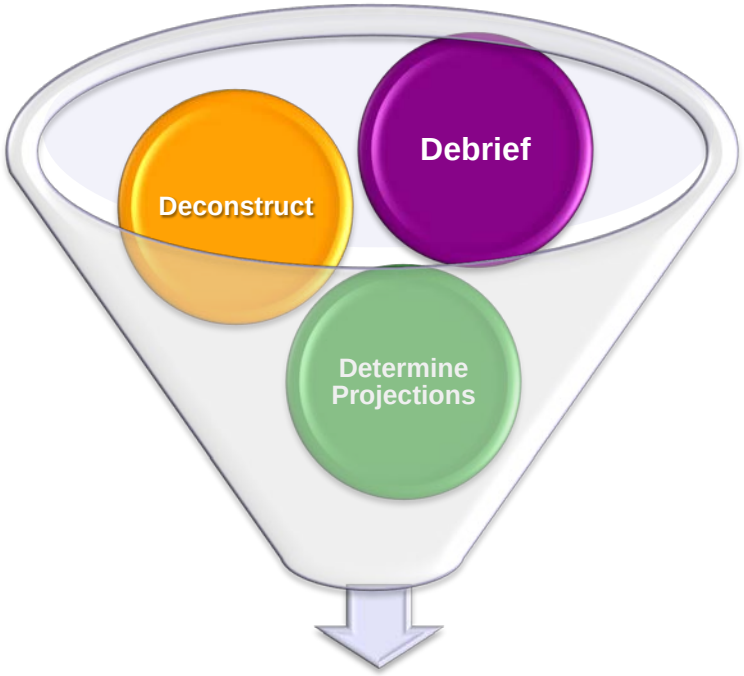
Waiver Participation & Services

How the Pieces Fit Together



The Essential PCP/PCD

Prime Direction

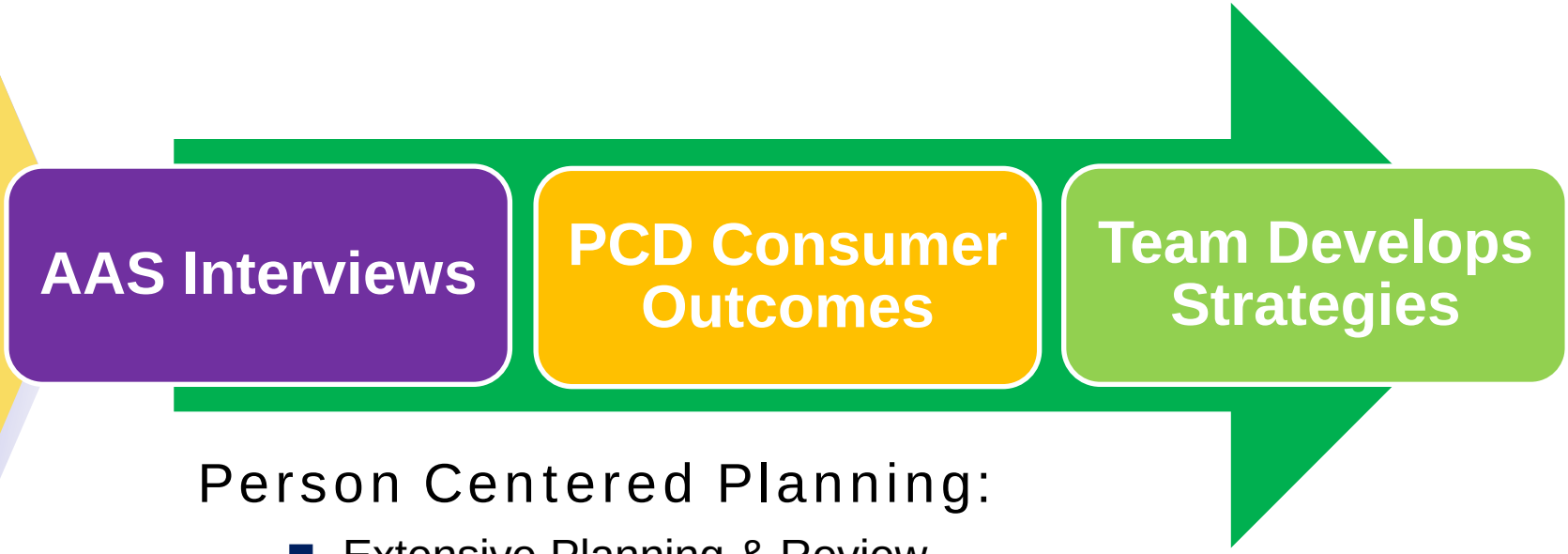


Initiatives/Strategies

Prime Attention

- Bridge between Projections & Initiatives
- CQL has 23 categories (Quality of Life Indicators)
- PCP “Guide” for Families

Person-Centered System

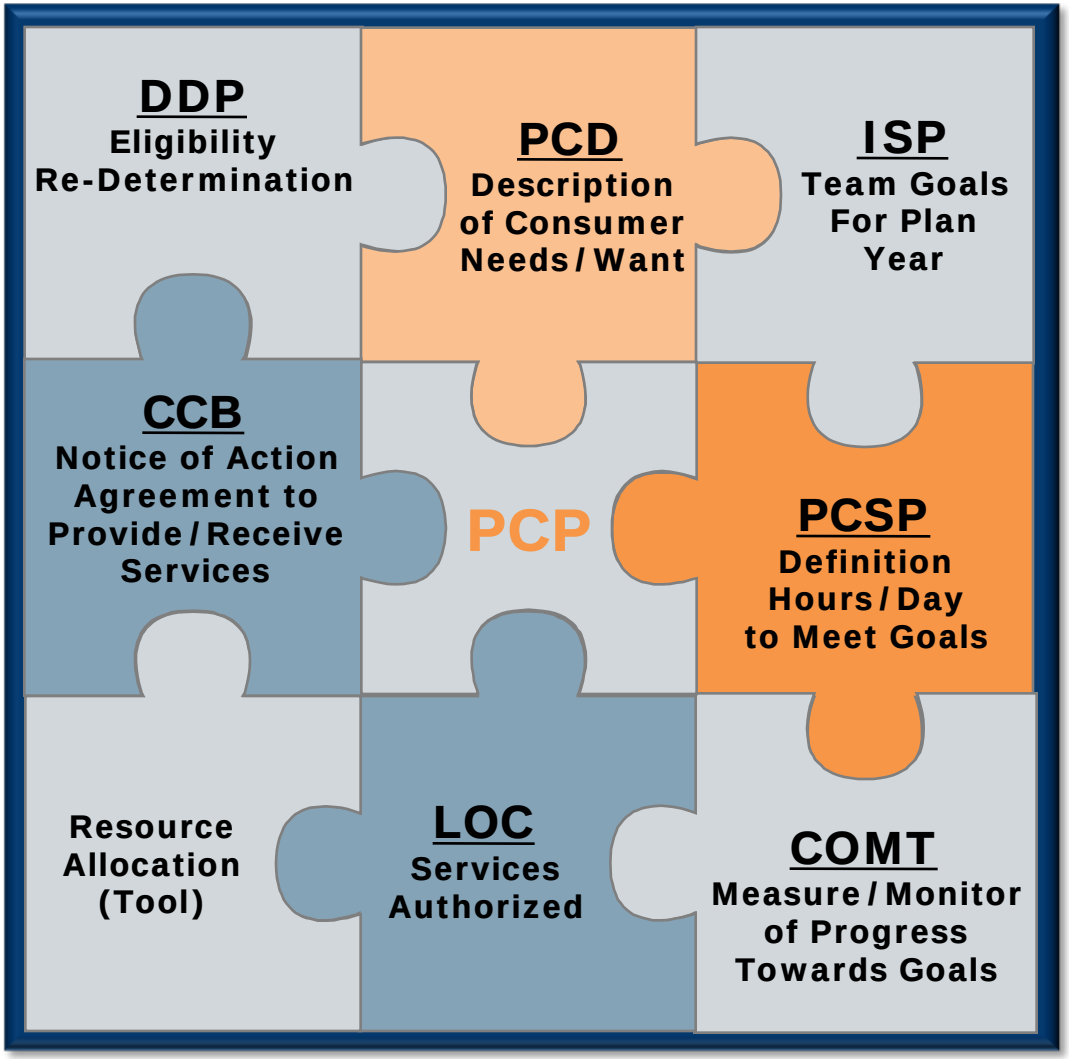


Person Centered Planning:

- Extensive Planning & Review
- Enhancement of Process
- Rational & Extensive
  - Based on Michael Smull
  - Adapted for Statewide Implementation
- Important “To” & Important “For”
- Outcome Driven
- Strategy Based

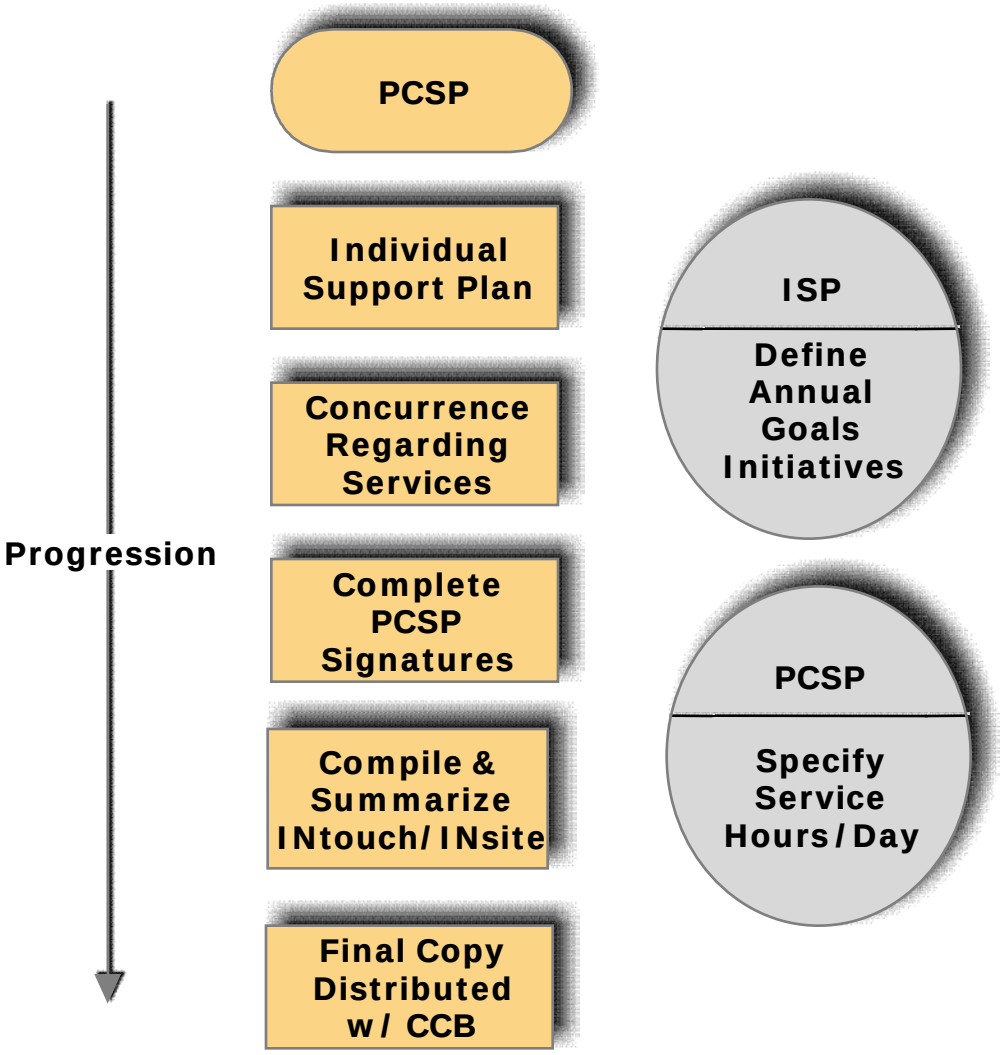
Waiver Participation & Services

How the Pieces Fit Together



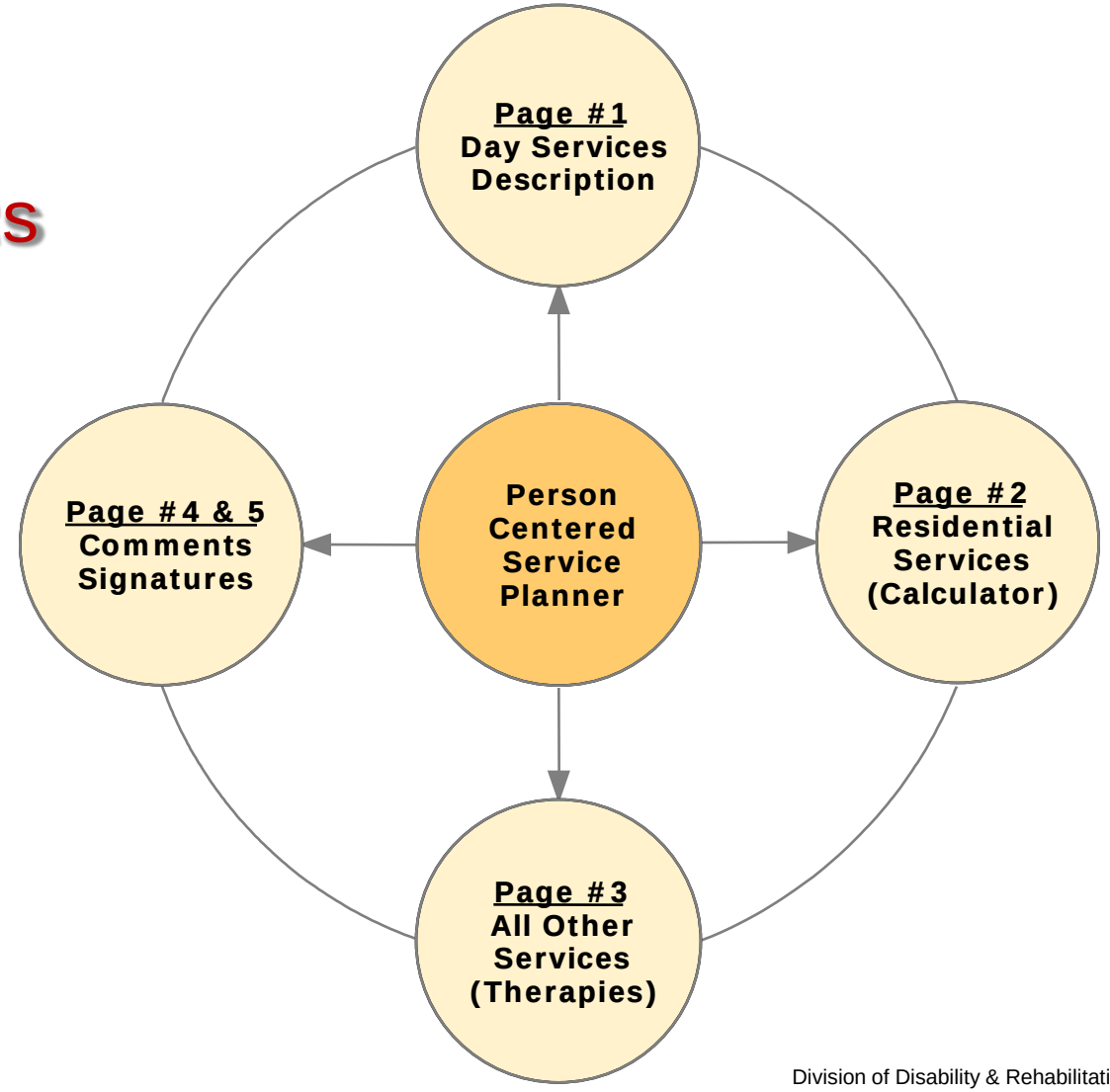
Person-Centered Service Planner

Sequence of Events



Person-Centered Service Planner

Elements and Content



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Objective Assessment System for Individual Supports

BDDS Waiver Unit

Review of Submitted Plan of Care/CCB

Waiver Unit Plan Review

What to look for now:

- **Alignment with ISP and PCP**
- **Appropriate use of service as relating to service definition (respite & RHS)**
- **Appropriate justification**

Future Changes:

- **Alignment with Usual & Typical**
- **Any obvious lack of service, for example:**
  - Day Service or Behavioral Services
- **Initial Plans:**
  - Roommates are being recommended

Plan Updates

Current

- Follow the current health and welfare requirements

As of Jan. 1, 2009:

- Plans that are changed but remain within the annual allocation should be approved
- Changes to amount of services in different months is allowed, within the annual allocation
- RHSS Provider changes will require review and approval by BDDS
- Updates that exceed allocations must meet Life Changing Event or Qualifying Event

Auto Approval of Plans As of January 1, 2009

- Unit redistribution
- Vendor changes outside of RHS

Qualifying Events

Qualifying Events

- Allows for a CCB update in the following situations, when an individual's allocation is exhausted
- Teams need to attempt to resolve service need issues within their allocation **prior** to requesting a plan update.

Qualifying Events

- Initial 90 day CCB supplemental plan update only to allow for appropriate supports until the identified concern is resolved
- All supplemental requests will be reviewed by the state
- Requests will not exceed a total of 180 days
- Ongoing documentation will be required at least every 30 days:
  - This will include what options the team has explored to ensure appropriate staffing levels for these Individuals
- It is the responsibility of the consumer, residential provider and case manager to locate a housemate or work out additional solutions

Loss of a Housemate Due to:

- Death
- Extended Hospitalization (minimum of 14 days)
- NF respite stay (minimum of 14 days)
- Crisis Intervention (out of home placement, minimum of 14 days)
- Incarceration (minimum of 14 days)
- Abuse/neglect/exploitation as substantiated the State (BQIS, BDDS, APS, CPS)
- State Intervention (BQIS, BDDS, APS, CPS)
- Housemate changes providers*

Significant Change in Waiver Participant's Health Status

- Appropriate medical documentation is required
- CCB supplemental plan update for 90 days. Any extension will be reviewed by the state not to exceed a total 180 days. Ongoing documentation will be required every 30 days

Significant Change in Waiver Participant's Behavioral Status

- Documentation of ongoing Crisis Management and/or Outreach involvement
- Documentation of police intervention
- Documentation of significant injury to self or others
- CCB supplemental plan update for 90 days. Any extension will be reviewed by the state not to exceed a total 180 days. Ongoing documentation will be required every 30 days

Non-Qualifying Events

Individuals who change providers or living environments based on a consumer and/or team choice

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Objective Assessment System for Individual Supports

Mediation and Appeal Process

Mediation Process

- What does this mean?
- When does this occur?
- How will mediation be requested?

Mediation: What does it mean?

- Process is to review the individual's service needs in relationship to their OASIS allocation when a consumer feels the allocation will not meet their health and welfare needs

Mediation: When does this occur?

- The mediation process is the last step in assisting the individual in reviewing the relationship between the OASIS allocation and the individual's service needs prior to a formal appeal of their individual allocation

Mediation Process

- Allocation is given to the Individual Support Team
- Individual Support Team meets to create the Plan within the given allocation.

Mediation Process

- If the Individual Support Team can not agree to a plan within the allocation, a interim term plan must be developed within the allocation
- A form will be generated indicating the appropriate steps for both mediation and appeal

Mediation Process

- If a plan is not submitted and approved by the end of the current approved plan date, the consumer will receive an interim plan for services that are based on “usual & typical” for their allocation level
- Annual plan extensions will not be created*

Mediation Process

- Once the Interim plan is submitted, the consumer has the right to:
  - Continue with Mediation
  - Complete the formal appeal process
  - Interrupt Services
  - Terminate Services

Mediation Review Committee

- Director of Client Services
- Field Services Directors
- DDRS IPMG Liaison
- Waiver Unit Supervisor
- OMPP
- BQIS

POC/CCB Process

January 2009 ▶ March 2009

January 2009 Renewals

- All CCB's with an annual renewal date of January 1, 2009 must be submitted by December 19, 2008
- If the plan is not submitted, then the plan will be auto-converted
- If the CCB is auto-converted, the team will need to submit an update to reflect the intended service mix within the allocation
- Once the update is received, the CCB will be reviewed by the waiver unit, and then by the Oasis Executive Committee if not within the allocation

February-March 2009 Renewals

- All CCB's with an annual renewal date of Feb. 1, 2009 must be submitted by 1/19/09
- All CCB's with an annual renewal date of Mar. 1, 2009 must be submitted by 2/19/09
- If the plan is not submitted, then the plan will be auto-converted
- If the CCB is auto-converted, the team will need to submit an update to reflect the intended service mix within the allocation
- Once the update is received, the CCB will be reviewed by the waiver unit, and then by the Oasis Executive Committee if not within the allocation

What's Around the Corner?

January 2009 ▶ Forward

OASIS

Objective Assessment System for Individual Supports

Implementation ▶ Definitions

Documentation ▶ Billing

Consumers in Services

SS Waiver:

- Begin use of uniform rate methodology with annuals starting after Jan. 2009
- Cap remains at $13,500
- Under consideration to increase cap

The SS waiver will be amended.

DD & AU Waivers:

- Begin use of uniform rate methodology with annuals starting Jan. 2009
- Plans renewed Jan. to March 2009 will utilize current budget as allocation
- Move to allocations and uniform rates for annuals starting April 2009

Implementation

Conversion of BDDS District 4 plans:

- Incorporates new rates and ratios
  - Any odd ratios changed to next highest even ratio (eg. 5:1 changes to 6:1)
  - Pre-Vocactional ratios start at 8:1. Any ratio below this has been changed. (6:1 changes to 8:1)
  - NOA's sent starting on December 8th

Extensions:

- As of January 1, 2009 annual plan extensions will not be granted
- Plans not approved by expiration date will be auto converted to match "usual and typical"
- Update will be necessary to modify the auto-converted plan.

Service Definitions

- Definitions have been published in the last two OASIS bulletins
- Nursing services delivered during RHS are considered part of RHS
- Transportation can be purchased by those using a day service facility, and less than 35 hrs. of RHS

Service Definitions

(Continued)

- Pre-Vocational Services and Sheltered Workshop can not be on a plan simultaneously
- The need for Pre-Vocational Services is determined at the time of the annual renewal and reviewed quarterly

RHS Calculator

place of staff do not count. RHS Housemates are any consumer that share RHS Staffing. [E.g. If 4 housemates live together (3DD and 1 SSW), The RHS calculator will only be done for the DD Consumers and the SSW would not be included on the calculation. (SSW does not provide RHS). So the calculator would reflect 3 not 4 Consumers.]
ALSO, AFC is not RHS.

Result saved

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Hours w/o RHSO staffing NO RHSO STAFFING	7.00	7.00	5.00	7.00	7.00	24.00	24.00
Hours 1 Consumer/1 staff	2.00	2.00	2.00	2.00	2.00	0.00	0.00
Hours 1 Consumer/2 staff DOUBLE STAFFING	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Hours 2 Consumers/1 staff	6.00	6.00	6.00	6.00	6.00	0.00	0.00
Hours 3 Consumers/1 staff	7.00	7.00	7.00	7.00	7.00	0.00	0.00
Hours 3 Consumers/2 staff	2.00	2.00	4.00	2.00	2.00	0.00	0.00
Hours 4 Consumers/1 staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Hours 4 Consumers/2 staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Hours 4 Consumers/3 staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00

	Total Monday	Total Tuesday	Total Wednesday	Total Thursday	Total Friday	Total Saturday	Total Sunday
Total Hours (Must be 24.00)	24.00	24.00	24.00	24.00	24.00	24.00	24.00

SP Total amounts

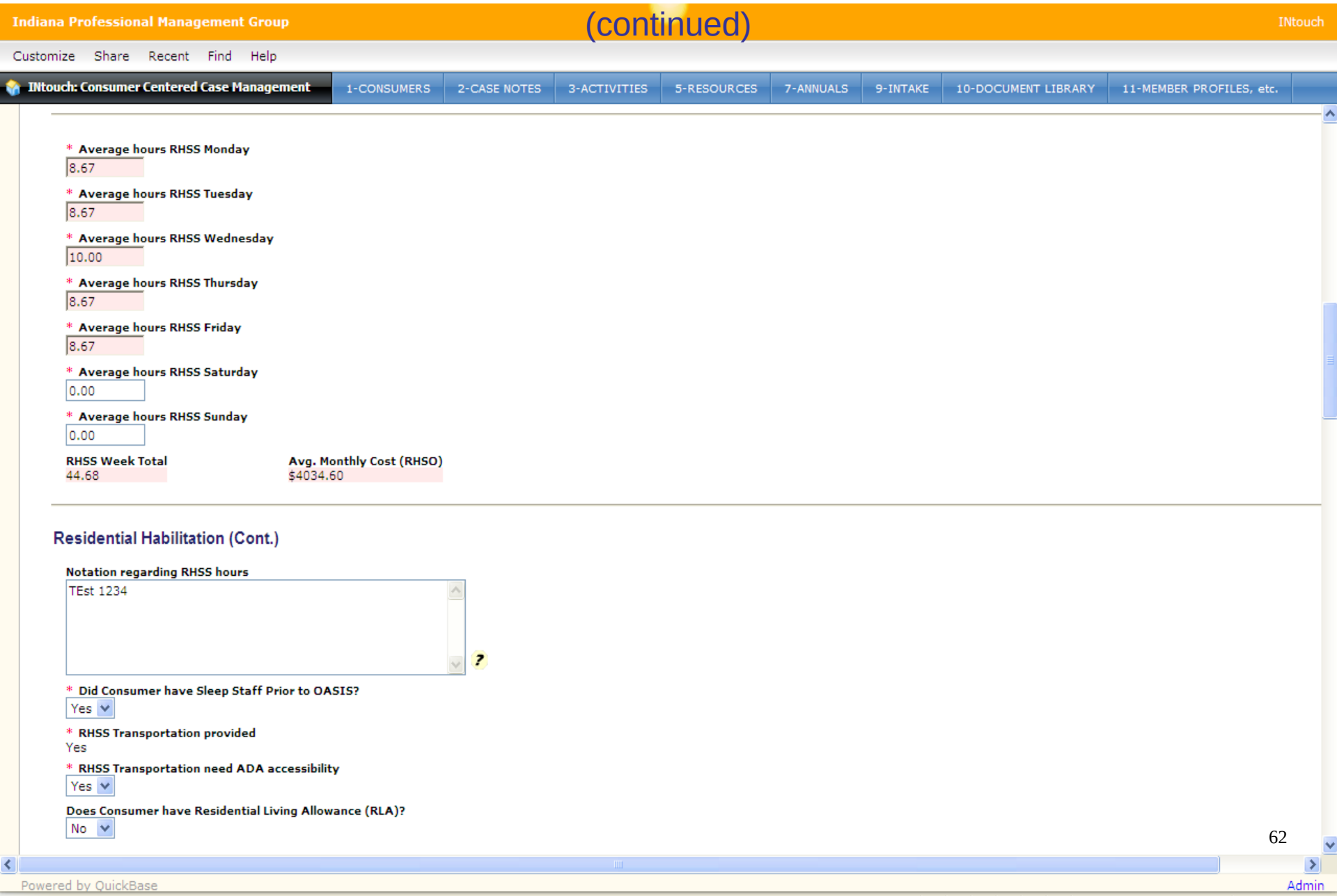
	Total Monday	Total Tuesday	Total Wednesday	Total Thursday	Total Friday	Total Saturday	Total Sunday
SP Hours to be entered	8.67	8.67	10.00	8.67	8.67	0.00	0.00

Powered by QuickBase

Return to INtouch

Done Internet 100%

Person Centered Service Planner (continued)



Person Centered Service Planner

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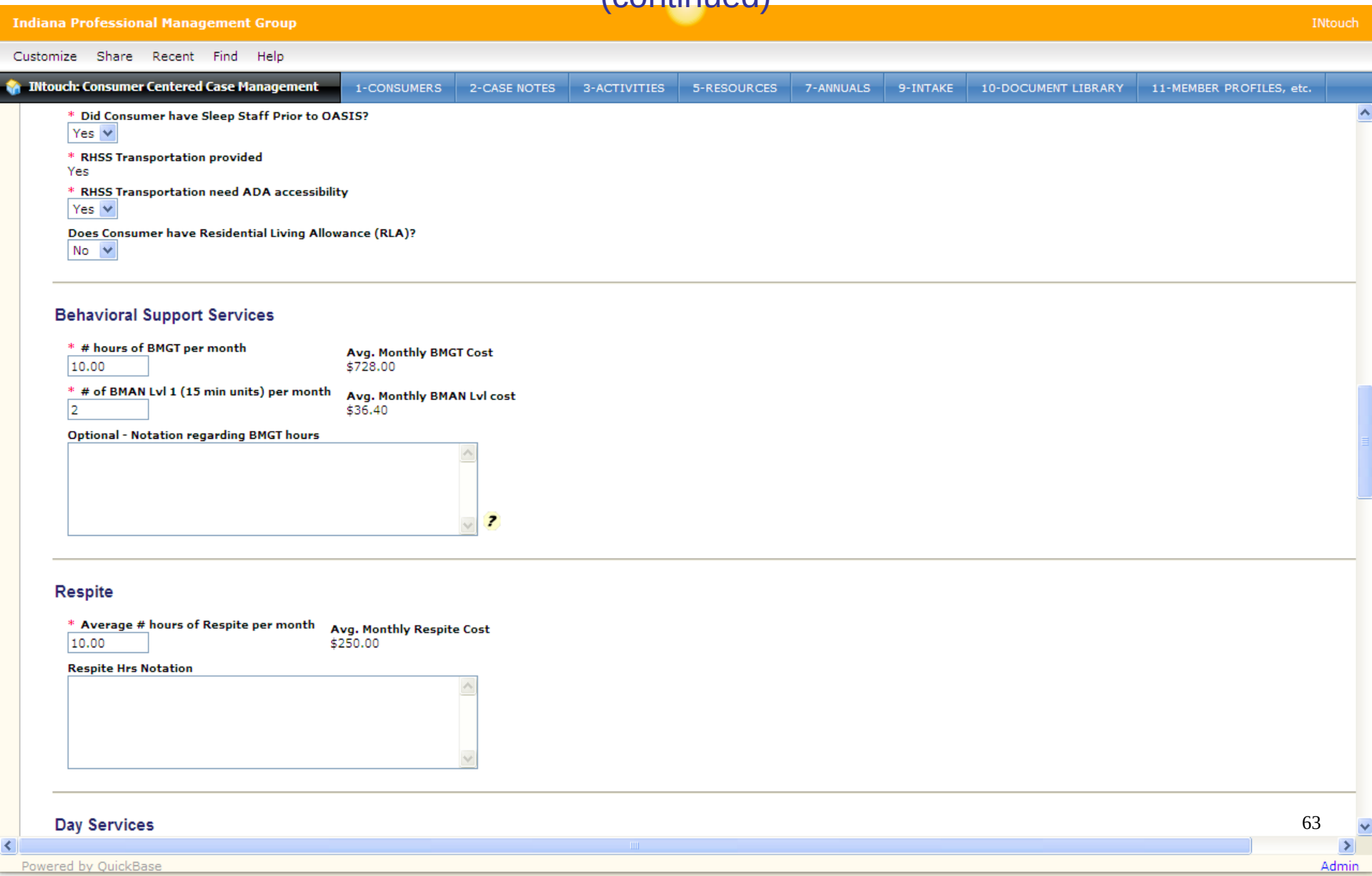
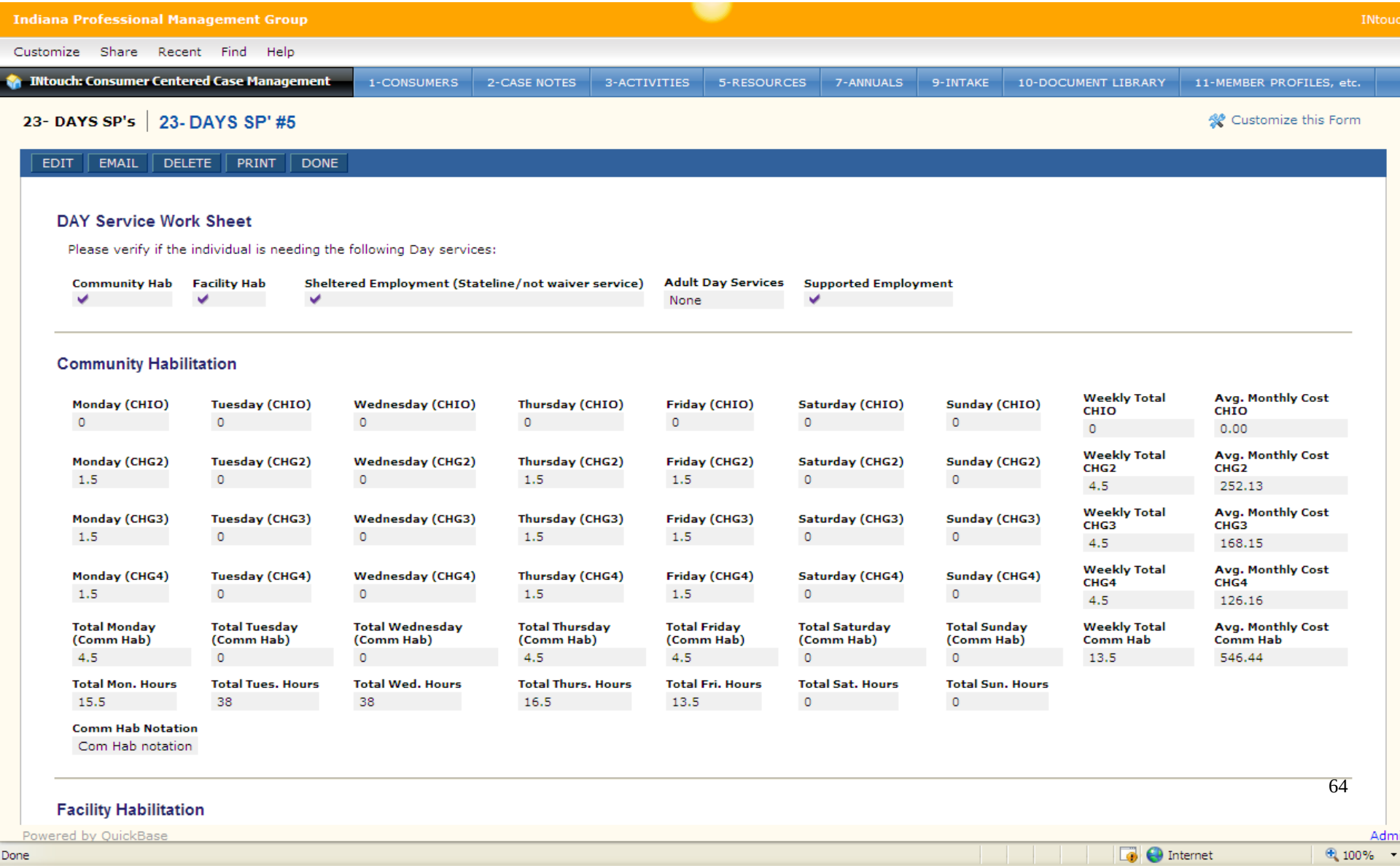


Person Centered Service Plan: Day Services



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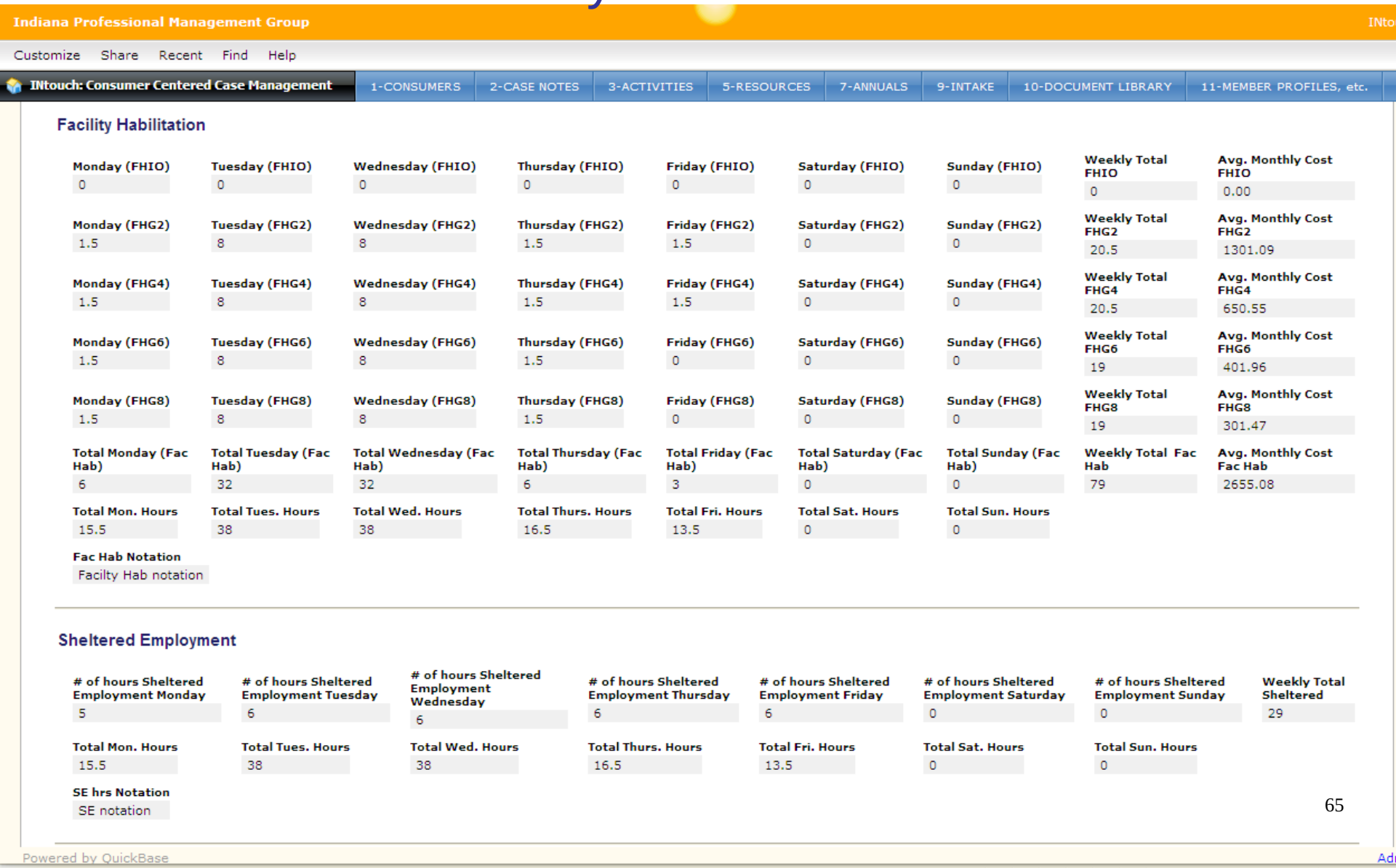
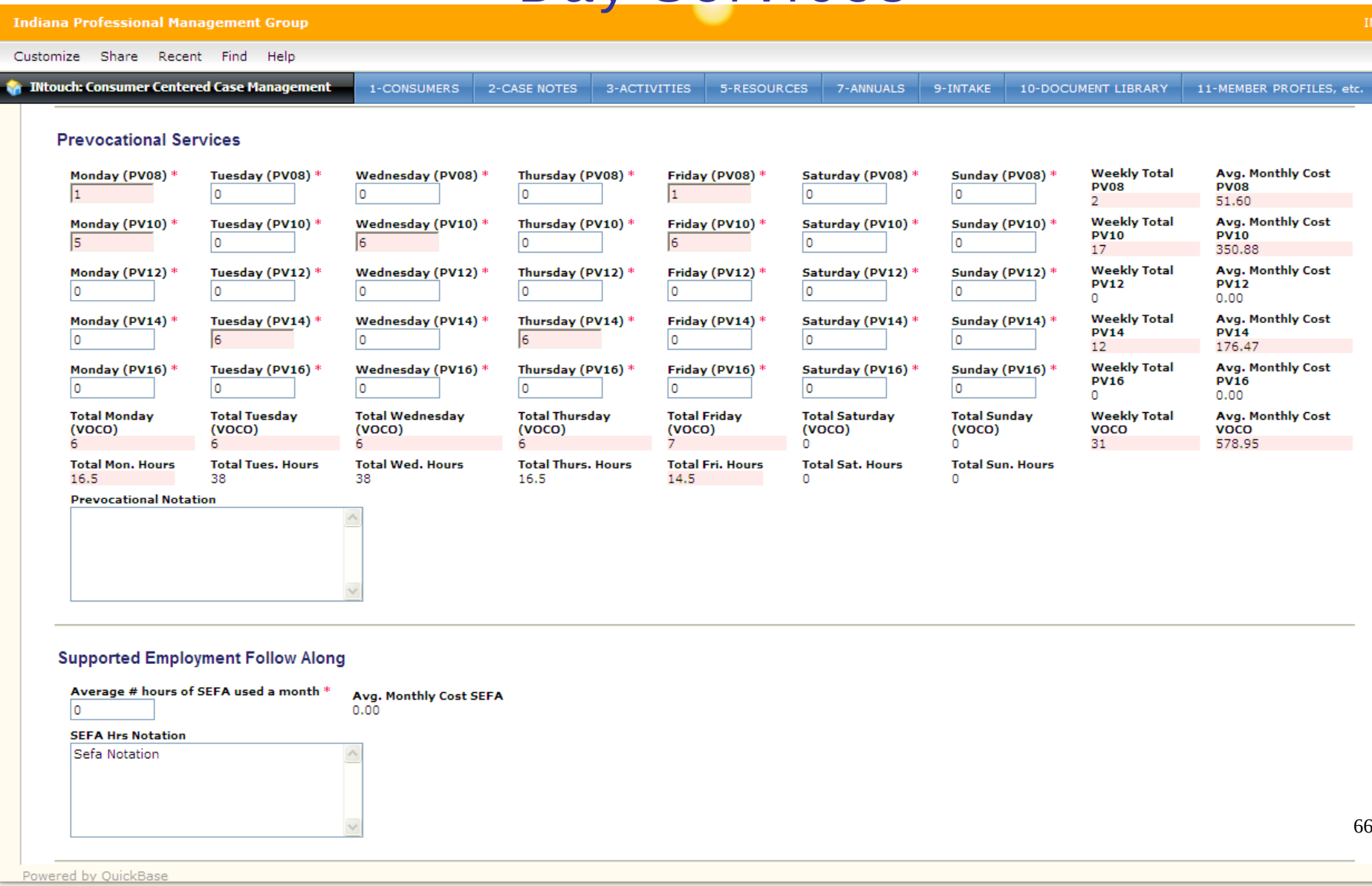


Person Centered Service Plan: Day Services



Person Centered Service Planner

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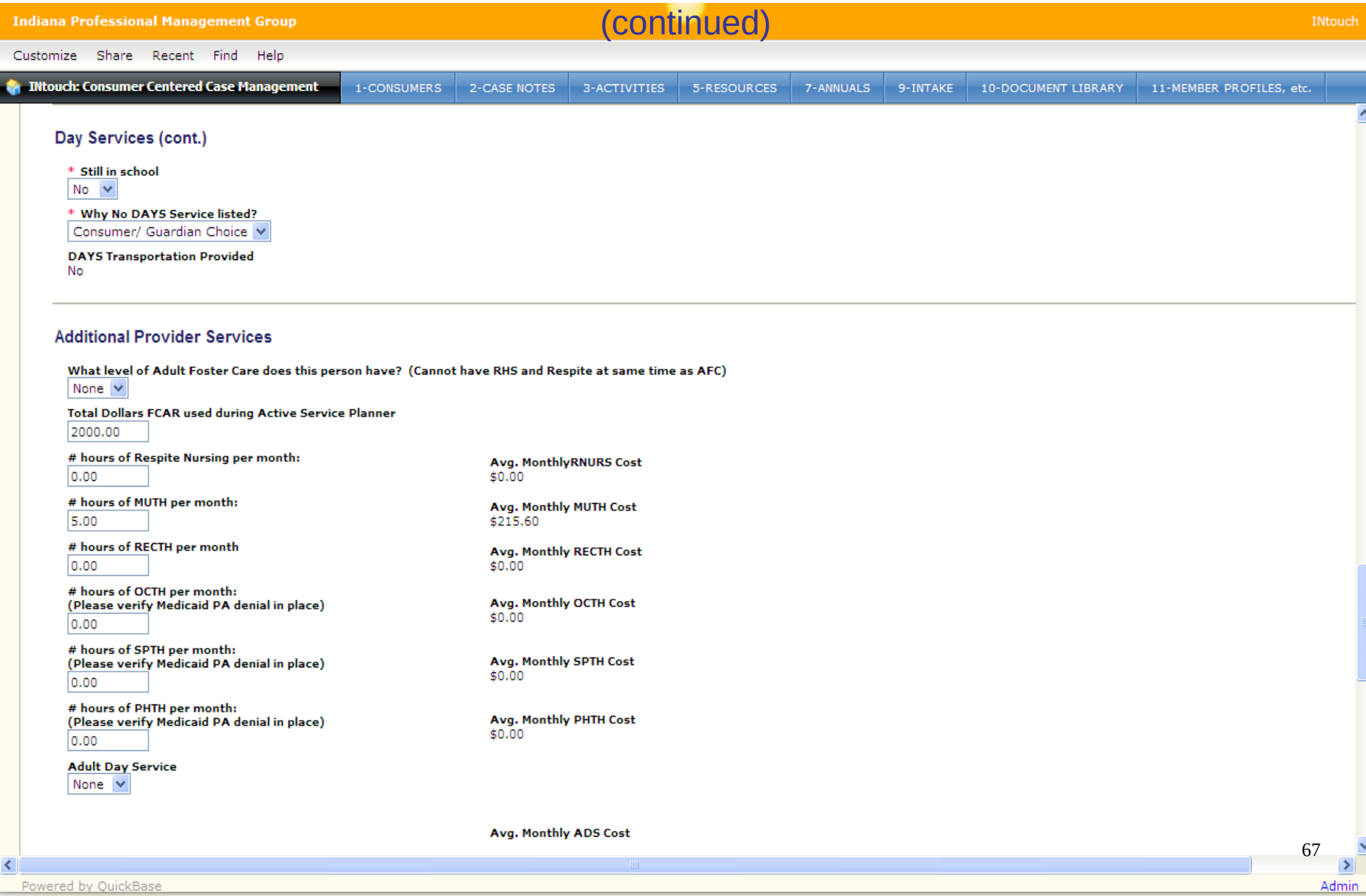

Person Centered Service Planner

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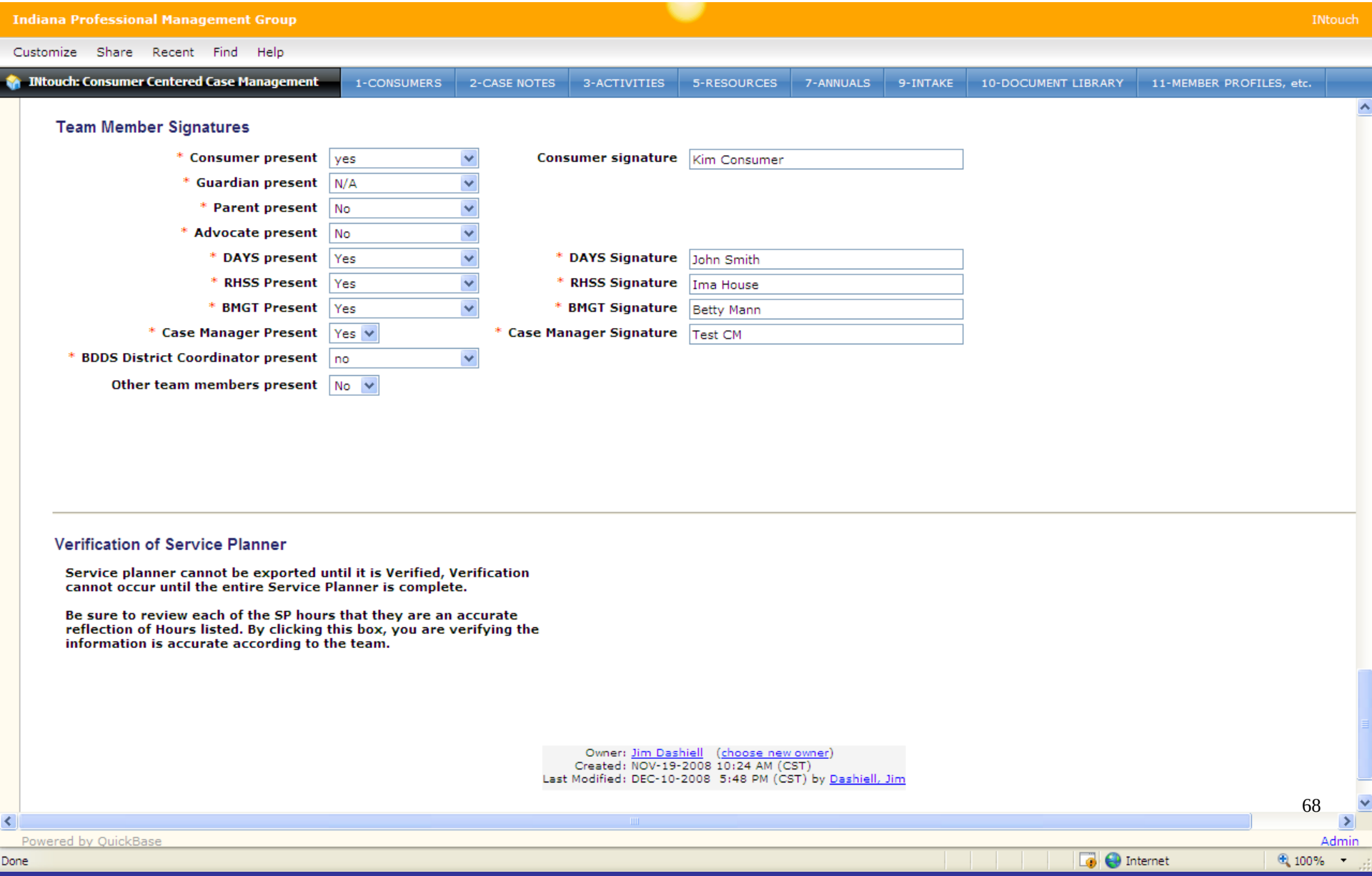


NOA Example - RHS

PUTNAM COUNTY COMPREHENSIVE SERVICES, INC., 630 TENNESSEE STREET; Greencastle (RH2O) - Res Hab/Supp-Over 35 Hrs/Week

Billing Code	Mod #1	#2	#3	#4	Start Date	Stop Date	Unit Size	Unit Rate	Current Units	Current Cost
T2016	U7	U5			01/01/2009	01/31/2009	Staff Hour	21.00	236.00	4956.00
T2016	U7	U5			02/01/2009	02/28/2009	Staff Hour	21.00	222.00	4662.00
T2016	U7	U5			03/01/2009	03/31/2009	Staff Hour	21.00	236.00	4956.00
T2016	U7	U5			04/01/2009	04/30/2009	Staff Hour	21.00	228.00	4788.00
T2016	U7	U5			05/01/2009	05/31/2009	Staff Hour	21.00	238.00	4998.00
T2016	U7	U5			06/01/2009	06/30/2009	Staff Hour	21.00	228.00	4788.00

NOA Example -Day Program

SERVICES APPROVED

PUTNAM COUNTY COMPREHENSIVE SERVICES, INC., 630 TENNESSEE STREET; Greencastle (CHG4) - Community Hab-Group (1:4)

(NOTE: The ratio of 1 staff to 4 individuals was used to calculate the monthly allowable amount. This information was pulled from the approved service plan.)

(BILLING NOTE: When you submit a claim use a modifier and a rate consistent with the staffing ratio provided. Replace the # modifier with U2 and use a rate of $13.03 for 1:2 ; U3 and a rate of $8.69 for 1:3 ; U4 and a rate of $6.52 for 1:4)

Billing Code	Mod #1	#2	#3	#4	Start Date	Stop Date	Unit Size	Unit Rate	Current Units	Current Cost
T2020	U7	U5	#		11/01/2008	11/30/2008	Per HOUR	6.52	4.00	26.08
T2020	U7	U5	#		12/01/2008	12/31/2008	Per HOUR	6.52	4.00	26.08
T2020	U7	U5	#		01/01/2009	01/31/2009	Per HOUR	6.52	4.00	26.08
T2020	U7	U5	#		02/01/2009	02/28/2009	Per HOUR	6.52	4.00	26.08
T2020	U7	U5	#		03/01/2009	03/31/2009	Per HOUR	6.52	4.00	26.08
T2020	U7	U5	#		04/01/2009	04/30/2009	Per HOUR	6.52	4.00	26.08
T2020	U7	U5	#		05/01/2009	05/31/2009	Per HOUR	6.52	4.00	26.08
T2020	U7	U5	#		06/01/2009	06/30/2009	Per HOUR	6.52	4.00	26.08

NOA Example – B-Man and Other Therapies

SERVICES APPROVED

MEANINGFUL DAY SERVICES, INC, 640 Patrick Place, Suite B; Brownsburg (BMGO) - Behavior Management - Basic

The monthly allotments NOT used in one month CAN be utilized in other months as long as the total authorization for the entire plan is not exceeded.

Billing Code	Mod #1	#2	#3	#4	Start Date	Stop Date	Unit Size	Unit Rate	Current Units	Current Cost
H0004	U7	U5	U2		07/01/2008	06/30/2009	1/4 HOUR	18.20	144.00	2620.80

Documentation Standards
Day Services Programs

Documentation for each service should include:

- Progress Note
- Group Logs – for each group service
  - Facility Habilitation
  - Pre-Vocational Services
  - Community Habilitation

Documentation Standards
Day Services Programs

Progress Notes for Individuals Should Include:

- Consumer name
- RID Number
- Provider rendering service
- Primary Service Location
- Date of service (including the year)
- Activity summary for each block of time
- Staff signature

Group Logs for the group should include:

- Group size & names of consumers – determined at top of each hour
- Type of service, unit of service, and duration
- Primary Service Location
- Staff in group

Documentation — Notes

- Group logs can be started at the top of each hour if program begins at different time start time can begin when services are initiated
- Group logs need to be updated hourly or when the size changes
- Group logs need to distinguish which staff supported which consumers
- Progress notes: the note can be written by one staff and signed by all staff, it must meet all requirements and cover activities and shift time for all staff
- Monthly Reports are still required

Documentation Standards Residential Habilitation Programs

Progress Notes for Individuals Should Include:

- Consumer name
- RID Number
- Provider rendering service
- Primary Service Location
- Date of service (including the year)
- Activity summary for each block of time
- Staff signature

Residential Habilitation

- Each month is viewed separately. Under 35 could be in the months when school is in session and over 35 could be in months when school is not in session. Thus both 1 & 2 can be on the same CCB but *not* in the same month.
- When there is more than 1 provider involved in any given month, we total the hours of all providers before determining whether it should be 1 or 2. Once that is determined, based on the math, then *all* providers must be assigned the same level. Thus, we don't allow both 1 & 2 in the same month but we do allow multiple providers in the same month.

Documentation — Notes

- DDRS does not have one method of documentation that is required
- INARF has developed a sample document which meets the documentation standards

Billing Information

- Consumers and staff must both be present to bill for services
- Service Plan will generate Prior Authorization amount per service
  - 3 month prior authorization for RHS, and Day Service programs
  - For life of plan for Respite, BMAN and other therapy services
- Prior Authorization will be at the service level for Day Programs Services
- Billing will be at the appropriate ratio/modifier for Day program services rendered
- Invoicing Tool – only required for RHS shared staff
  - Not 1:1 RHS settings

Billing Information

(Continued)

- Fractional units are accepted by the fiscal agent (EDS)
- Supported Employment is billed monthly. If a consumer needs additional hours beyond the amount authorized on a continual basis a plan update should be requested
- Service Plan – *not an audit tool*
  - Audit will look at: billing information, progress notes and staff logs (where applicable)

BQIS

Bureau of Quality Improvement Services

Outcomes and Comprehensive Survey Tool

Value of Outcome Based Approach

***This approach provides*:**

- Common sense approach
- Focus on individuals' needs and wants.
- Good gauge of the purchasing value of dollars spent on services – provides qualitative picture
- Clearer sense of how waiver services impact individuals.
- More accurate survey findings – moves away from shotgun survey strategy

OASIS and Individual Outcome Based Reviews—A GOOD FIT!

Objective Assessment System for Individual Supports (OASIS) Project:

creates uniform funding model to determine fair and equitable levels of state support

Comprehensive Survey Tool

will assess impact of waiver services on the consumer

Foundation for BQIS Focus

CMS Quality Framework

- Participant Access
- Participant Centered Service Planning and Delivery
- Participant Capacity and Capabilities
- Participant Safeguards
- Participant Rights and Responsibilities
- Participant Outcomes and Satisfaction
- System Performance

Council on Quality and Leadership (CQL) Basic Assurances

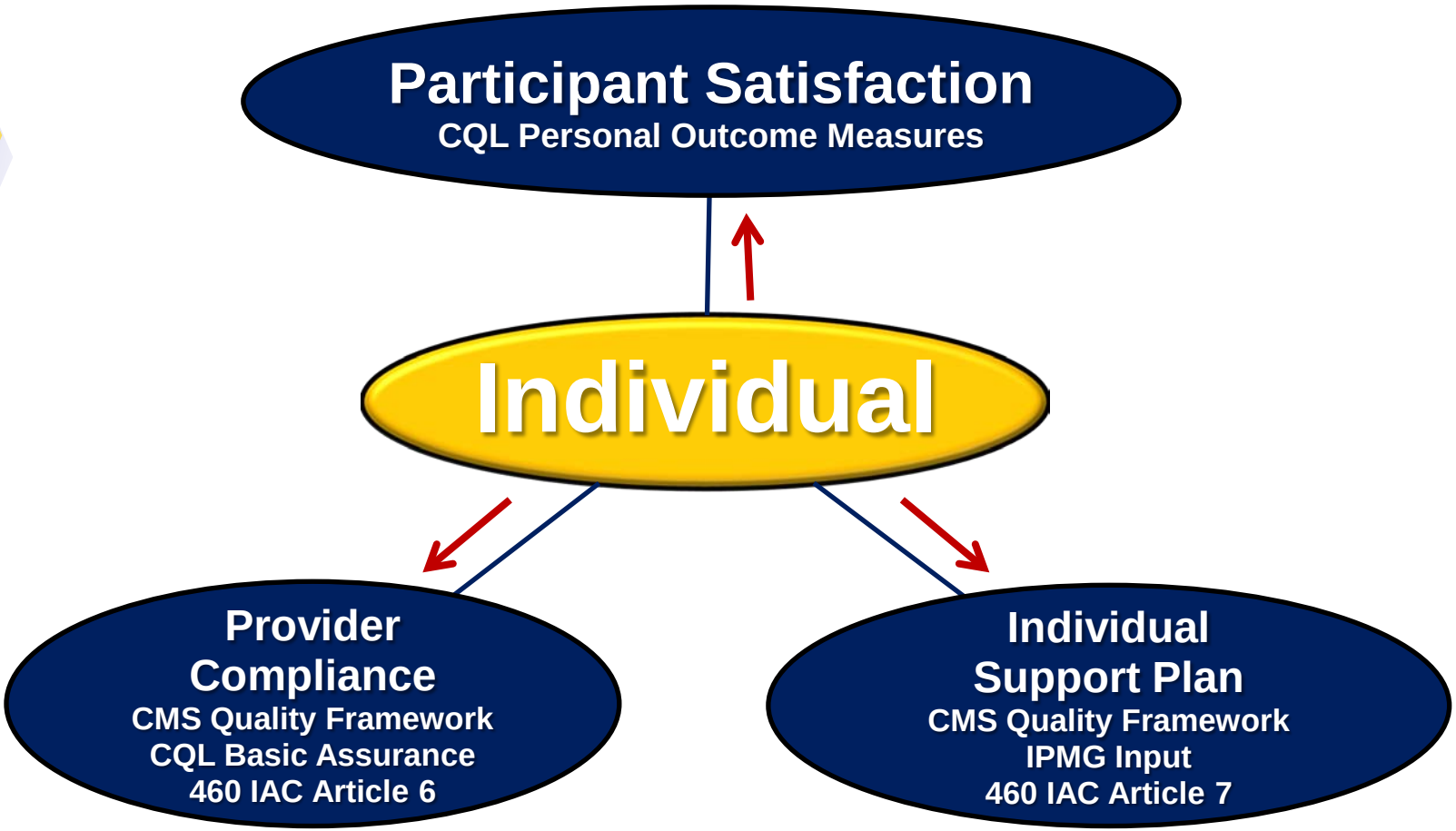
and

CQL Personal Outcome Measures

Compliance

- 460 IAC Articles 6 & 7
- Federal HCBS Waiver Assurances

Comprehensive Survey Tool (CST)



Key Terms—Provider Compliance/ISP Components

- **IN Waiver Regulations** – 460 IAC Articles 6 and 7
- **Regulation Intent** – major focus or expected outcome of regulation
- **Compliance Indicators:**
  - Specific expectations for each Quality Framework focus area
  - Combination of the various related waiver regulations and Quality Framework Focus Areas
  - Provide an indication of the condition or direction of provider systems
- **Probes** – guidelines or questions to determine the presence or absence of indicators

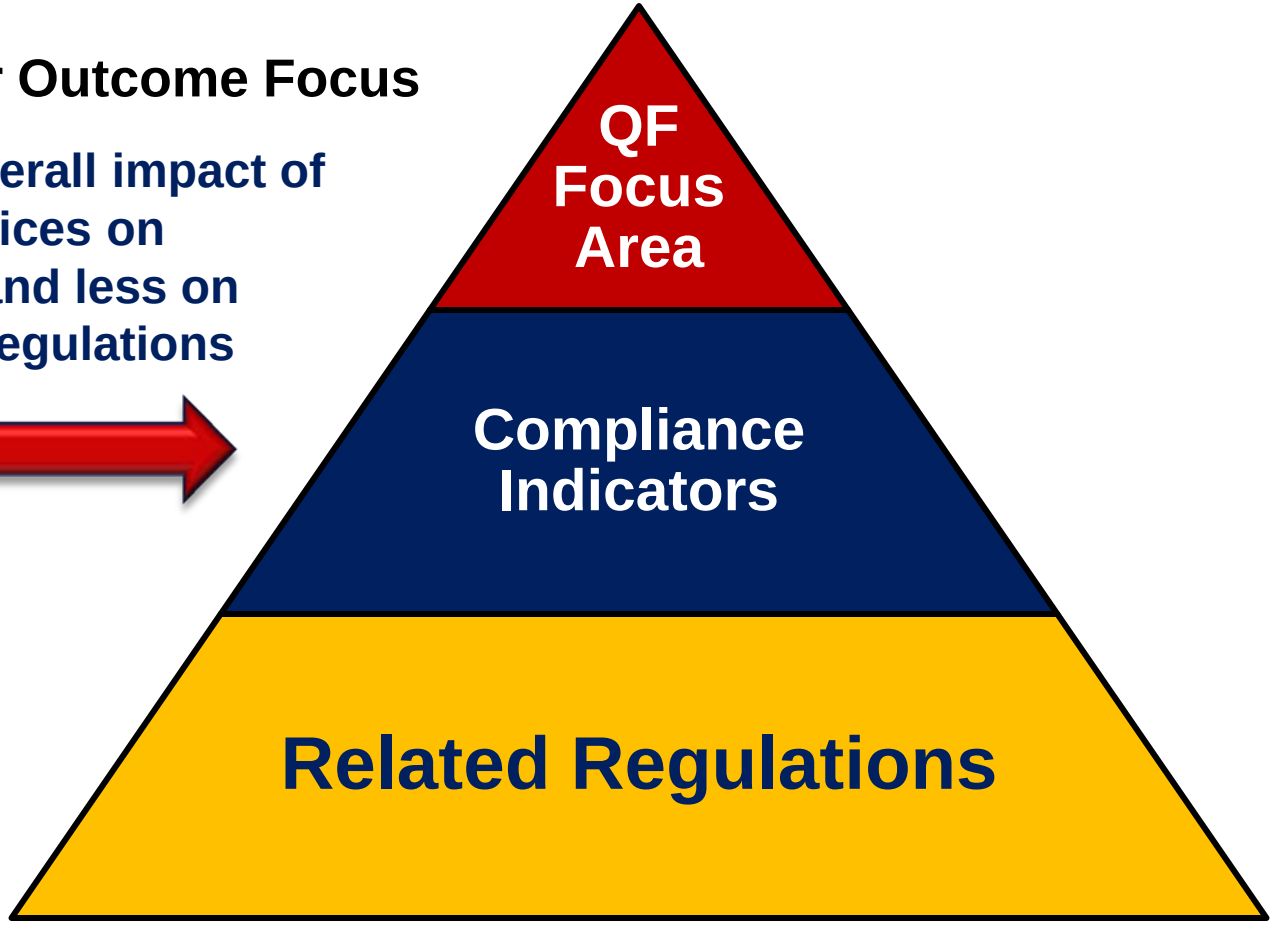
Provider Compliance Components of CST

- **Quality Framework Focus Area**
  - Participant–Centered Service Planning
  - Participant-Centered Service Development
  - Participant Safeguards
  - Participant Rights and Responsibilities
  - Participant Outcomes and Satisfaction
- **Related Personal Outcome Measures**
- **Compliance Indicators with Probes**
  - Met/Not Met
  - If not met, why?
  - Specify regulations not met & examples

Structure of Provider Compliance Component

Consumer Outcome Focus

Reviews overall impact of waiver services on individual and less on individual regulations



Discovery Mechanisms

Surveyor Decision Making

Snapshot of Consumer's Life: The Survey Process

1. **For each waiver select sample of individuals**
2. **Schedule survey visit in person's home or site of service delivery**
3. **Research available data from InSite & DART**
4. **Begin survey with introduction meeting**
5. **Conduct Personal Outcome Measures® interview early in process**
6. **Validate information through:**
   - Talking with person and his/her support staff,
   - Checking provider policies and procedures
   - Reviewing individual's records
   - Visiting sites where individual receives services

Snapshot of Consumer's Life: The Survey Process
(Continued)

7. Surveyor uses probes to assist in deciding whether each compliance indicator is met or not met for the individual selected.
8. If compliance indicators are not met, provide examples and specify supporting regulations that are not met.
9. Issue report to individual's support team to develop any identified corrective action items.
10. Conduct follow-up visits as necessary until providers have implemented corrective action.

Preparation for Conducting Interviews:

- **Field-testing**
- **Development of:**
  - Reference materials
  - Data collection worksheets
  - Standardized report templates
  - Database
- **Extensive CST training for all surveyors**
- **CQL training on satisfaction component**
- **Inter-rater reliability testing in field**

What's around the corner

- **Beginning survey activities – January 1, 2009**
  - Selecting samples for each waiver
  - Scheduling surveys
  - Conducting pre-survey research
- **Conducting first interviews – approximately January 21, 2009**
- **Developing automated data management system to track and report findings – approximately May 2009**
  - Interactive web interface
  - Online submission of corrective action plans
  - Provider specific data repository

OASIS Resources

OASIS-ICAP Help Lines

- **E-mail:** OASIS-ICAPHelp@fssa.IN.gov
- **Phone: 317-234-5222**
- **Toll Free Indiana: 1-888-527-0008**

Interactive Budget Tool

- https://ddrsprovider.fssa.in.gov/BDDS/Utilities/CustomerBudgetList.aspx

Division of Disability & Rehabilitative Services

Phase I: OASIS System Transformation

December 17, 2008